

Run Date: 01/03/2017

AZ DEPARTMENT OF WATER RESOURCES

WELL REGISTRY REPORT - WELLS55

Location	C	9.0	19.0	24	C	B	0	Well Reg.No	55 - 579905	Cancelled	AMA	NOT WITHIN ANY AMA OR INA
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Registered Name DON CASE
PO BOX 1027

File Type NEW WELLS (INTENTS OR APPLICATIONS)
Application/Issue Date 03/01/2000

WELLTON AZ 85356

Owner OWNER
Driller No. 0
Driller Name
Driller Phone
County YUMA
Parcel No. 204-28-008
Intended Capacity GPM 0.00

Well Type EXEMPT
SubBasin WELLTON-MOHAWK
Watershed LOWER GILA RIVER
Registered Water Uses DOMESTIC
Registered Well Uses WATER PRODUCTION
Discharge Method NO DISCHARGE METHOD LISTED
Power NO POWER CODE LISTED

Well Depth	0.00	Case Diam	0.00	Tested Cap	0.00
Pump Cap.	0.00	Case Depth	0.00	CRT	
Draw Down	0.00	Water Level	0.00	Log	
		Acres Irrig	0.00	Finish	NO CASING CODE LISTED

Contamination Site: NO - NOT IN ANY REMEDIAL ACTION SITE

Tribe: Not in a tribal zone

Comments

Current Action

6/16/2000 871 NOI AUTHORIZATION DENIED
Action Comment: jt

Action History

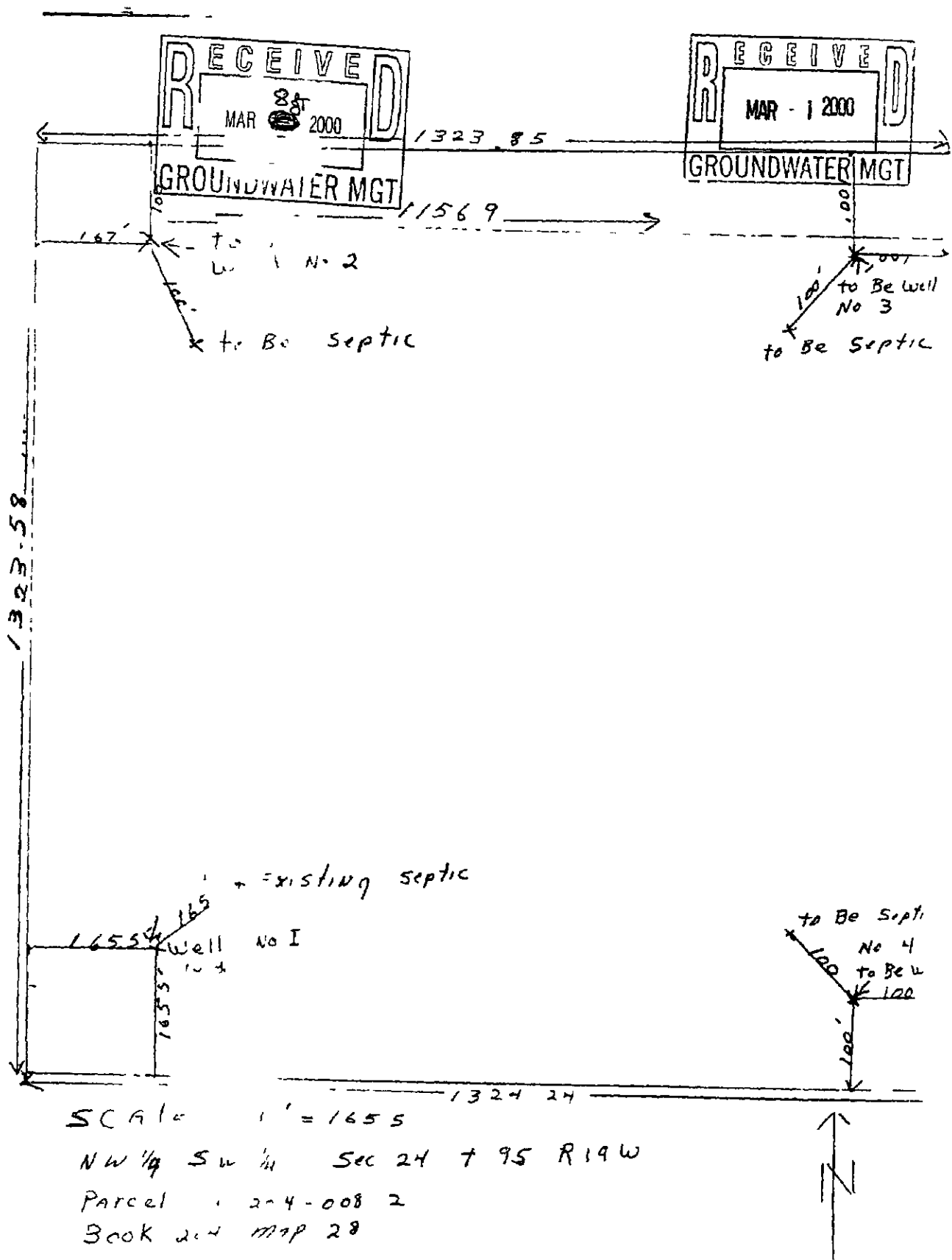
3/16/2016 880 CHANGE IN REMEDIAL ACTION SITE CODE
Action Comment: OLD WQARF code: null

3/13/2000 201 NOI SENDBACK TO APPLICANT - 2ND
Action Comment: jt; F & 10 need quarters, #3, #4, #14, unauthorized signature, see Alan Dulaney letter

3/8/2000 205 NOI SENDBACK RECEIVED
Action Comment: rd SENDBACK FOR ORIGINAL FORM, F 7 10, 3,4,14

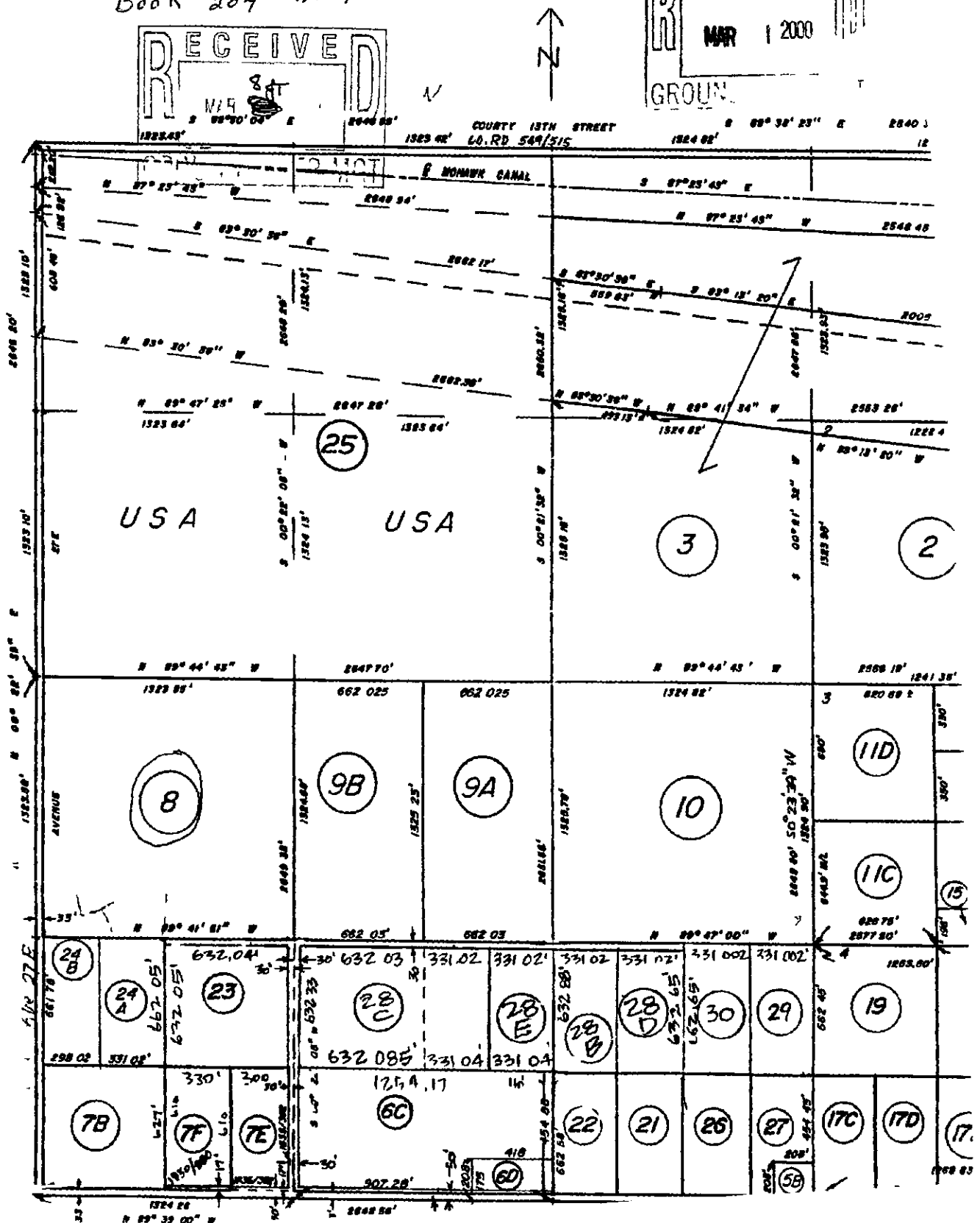
3/6/2000 200 NOI SENDBACK TO APPLICANT
Action Comment: rd SENDBACK FOR ORIGINAL FORM, F 7 10, 3,4,14

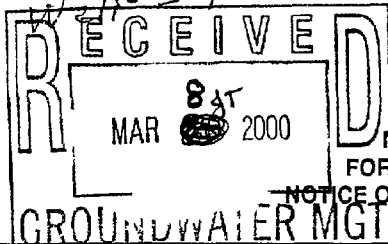
3/1/2000 150 NOI RECEIVED FOR A NEW PRODUCTION WELL
Action Comment: GM SENDBACK FOR ORIGINAL FORM, F 7 10, 3,4,14



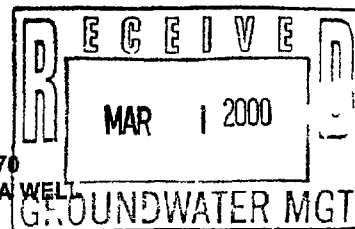
RECEIVED

RECEIVED
MAR 1 2000
GROUND





ARIZONA DEPARTMENT OF WATER RESOURCES
GROUNDWATER MANAGEMENT SUPPORT SECTION
MAIL TO P O BOX 458, PHOENIX, ARIZONA 85001-0458
FOR MORE INFORMATION CALL MONICA ORTIZ (602)417-2470



PLEASE COMPLETE ALL ITEMS IN THE BOX BELOW DOWN TO COUNTY OR LOCAL AUTHORITY ENDORSEMENT IF ANY WATER FROM THE PROPOSED WELL (LISTED BELOW) WILL BE USED FOR DOMESTIC PURPOSES ON A PARCEL OF LAND 20 OR FEWER ACRES, THE APPLICABLE COUNTY OR LOCAL HEALTH AUTHORITY MUST ENDORSE ALL ITEMS IN THE BOX BEFORE SUBMISSION TO THE DEPARTMENT OF WATER RESOURCES ITEMS C, D, E, AND F MAY BE AVAILABLE FROM YOUR COUNTY ASSESSOR'S OFFICE

A. Don Case PO Box 1027 Wellton AZ 85356
LANDOWNER'S NAME CURRENT MAILING ADDRESS CITY STATE ZIP

B TELEPHONE NO 877-775-0001 COUNTY ASSESSOR'S PARCEL ID INFORMATION

C WELL LOCATED IN Yuma COUNTY D 204 28 14-20428-0082 40
BOOK MAP PARCEL # OF ACRES OFFICIAL SEAL OR STAMP

WELL/LAND LOCATION (MUST BE COMPLETED AS REQUESTED)

F 1/4 NW 1/4 SW 1/4 OF SECTION 24 TOWNSHIP 9 N/S RANGE 19 E/W
10AC 40AC 160AC COUNTY OR LOCAL AUTHORITY ENDORSEMENT

CHECK ONE

G RECOMMEND APPROVAL _____ INSUFFICIENT INFORMATION TO MAKE DETERMINATION _____ VARIANCE REQUIRED _____ (EXPLANATION ATTACHED)

H. DATE _____ AUTHORIZED SIGNATURE _____ TITLE _____

1 OWNER OF WELL

Don Case
NAME
PO Box 1027
CURRENT MAILING ADDRESS
Wellton AZ 85356
CITY STATE ZIP

TELEPHONE NUMBER 877-775-0001

2 ACTION REQUESTED

DRILL NEW WELL ☒ DEEPEN _____
MODIFY _____ REPLACE _____

WELL REGISTRATION NO 55 _____

FOR A REPLACEMENT WELL PROVIDE
MAX CAPACITY OF THE ORIGINAL WELL
_____ GALLONS PER MINUTE

DISTANCE FROM THE ORIGINAL WELL
_____ FEET

3 CONSTRUCTION WILL START ABOUT
MONTH _____ YEAR 1

4 TYPE OF CASING FOR PROPOSED WELL
SURFACE CASING Not Known
DIAMETER _____ DEPTH _____

DOWNHOLE CASING Not Known
DIAMETER _____ DEPTH _____

5 DESIGN PUMP CAPACITY
20 GALLONS PER MINUTE

6 LESSEE OF LAND OF WELLSITE

NAME _____
CURRENT MAILING ADDRESS _____
CITY STATE ZIP

TELEPHONE _____

7 PRINCIPLE USE OF WATER (BE SPECIFIC)

Domestic

8 OTHER USES OF WATER (BE SPECIFIC)

9 IF USE INCLUDES IRRIGATION STATE TO
NEAREST TENTH THE NUMBER OF ACRES TO
BE IRRIGATED _____

☒ FOR DEPARTMENT USE ONLY
REGISTRATION NO 55 579905
DATE FILED _____
FILE NO C(9-19)24CB
AMA/INA _____
W/S 08 S/B 47
PROCESSED BY _____
DATE MAILED _____
MD

10 PLACE OF USE (LEGAL DESCRIPTION OF LAND)

1/4 NW 1/4 SW 1/4 SECTION 24
10AC 40AC 160AC
TWN SHP 9 N/S RNG 19 E/W

11 TYPE OF WELL (CHECK ONE)

EXEMPT ☒ NON EXEMPT _____

12 CHECK ONE

RESIDENTIAL ☒ COMMERCIAL _____

13 IS THE PROPOSED WELLSITE WITHIN 100
FEET OF A SEPTIC TANK SYSTEM SEWER
DISPOSAL AREA, LANDFILL HAZARDOUS
MATERIALS OR PETROLEUM STORAGE
AREAS AND TANKS?
YES _____ NO ☒

14 DRILLING FIRM

Not Known
NAME
MAILING ADDRESS
CITY STATE ZIP
TELEPHONE NO
DWR LICENSE NUMBER
ROC LICENSE CATEGORY

I STATE THAT THIS NOTICE IS FILED IN COMPLIANCE WITH A.R.S. § 45-596 IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I UNDERSTAND THE LIMITATIONS AND CONDITIONS SET FORTH ON THE REVERSE SIDE OF THIS FORM

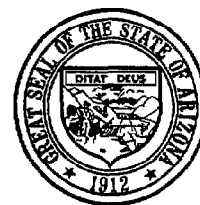
DON CASE
15 TYPE OR PRINT NAME AND TITLE

Don Case John T. Higgins PO Box 2-29-00
16 SIGNATURE OF LANDOWNER/LESSEE OF WELLSITE 17 DATE

Send back
F - 10ac 1/4
#4, 10, 14
#3

ARIZONA DEPARTMENT OF WATER RESOURCES

500 North Third Street, Phoenix, Arizona 85004
Telephone (602) 417-2470
Fax (602) 417-2422



JANE DEE HULL
Governor

RITA P. PEARSON
Director

March 13, 2000

DON CASE
PO BOX 1027
WELLTON AZ 85356

Assigned Referenced Number 55-579905, 579906, 579907, 579908

**PLEASE RETURN
ALL PAPERS**

Dear Applicant

The Department of Water Resources recently received your Notice of Intent to **Drill, Deepen, Replace, or Modify A Well**. However, our review indicates that the filing(s) is incomplete under the Groundwater Management Act for the following reason(s)

(A) Landowner Info Incomplete	_____	(6) Lessee Info Incomplete	_____
(C) County not Given	_____	(7) Primary Water Use Not Given	_____
(D) Book, Map, Parcel Incorrect	_____	(8) Other Water Uses Not Given	_____
(E) Number of Acres Not Given	_____	10/95 (9) Place of Use Incomplete (refer to "F")	✓
(F) Legal Description Incomplete	✓	(10) Type of Well (check one)	_____
✓ Incomplete Quarter Sections*	_____	(11) Select One (define "other")	_____
_____ Incomplete/Incorrect Section	_____	(12) Select "Yes" or "No"	_____
_____ Incomplete/Incorrect Township	_____	14/135 (13) Incomplete Driller Information	✓
_____ Incomplete/Incorrect Range	_____	(14) Printed Name/Title Not Given	_____
(G) Recommendation Not Selected	_____	16/15 (15) Incorrect/Unauthorized Signature	✓
(H) Date Of Approval Not Given	_____	Requires Duplicate Filing	_____
(1) Well owner Info Incomplete	_____	Please Refer to the Attached Letter	✓*
(2) Action Requested (check one)	_____	Requires \$10.00 Filing Fee	_____
(3) Starting Date Not Given	✓	Requires Current Forms	_____
(4) Casing To Be Used (answer all)	✓	* Other Reason(s) need 10ac 1/4, see star	_____
(5) Design Capacity of Pump	_____	Dubaney letter	_____
		Initials JT	_____

In accordance with A R S § 45-596, Paragraph D, this application is being returned as a "statement of determination", requesting information necessary to make it correct and complete. If the necessary information is not received by the Department within sixty (60) days, the application may be denied. You would then have to re-initiate the N O I process to receive a drilling authority for this location. If you have any questions, please contact the Groundwater Management Support Section at (602) 417-2470.

ATTACH THIS CHECK LIST WHEN RESUBMITTING THE COMPLETED NOTICE OF INTENT AND RETURN TO BOX 458, PHOENIX, ARIZONA 85004-3003. YOU MAY ALSO CONTACT YOUR DRILLER OR COUNTY ASSESSORS OFFICE FOR ASSISTANCE PERTAINING TO THE NECESSARY INFORMATION THAT IS REQUIRED TO COMPLETE YOUR APPLICATION.

ARIZONA DEPARTMENT OF WATER RESOURCES

500 North Third Street Phoenix, Arizona 85004
Telephone (602) 417-2470
Fax (602) 417-2422



June 16, 2000

DON CASE
PO BOX 1027
WELLTON AZ 85356

Records,
Please file
in 579905
C(9-19)24CBThx

Re Denial of Notice of Intention to Drill Well Number 55-579905, 579906, 579907 579908

Dear APPLICANT

The Department of Water Resources notified you by letter on MARCH 13 2000 that your application to drill Well Number 55-579905, 579906, 579907 and 579908 was incomplete Pursuant to Arizona Revised Statutes (A R S) § 41-1074(B), a list of the specific deficiencies preventing your application from being complete was provided to you in that letter The completeness review time frame was suspended by the MARCH 13, 2000 incomplete letter, and you were given sixty (60) days within which to provide the requested information Our records indicate that you did not do so

Therefore pursuant to Arizona Administrative Code R12-15-401 the Department hereby denies your application

The Departments decision to deny your application is an appealable agency action In order to appeal this decision, you must request an appeal within thirty (30) days from receipt of this letter A summary of the appeals process and appeal form is enclosed should you wish to pursue this option

Alternatively, you may submit a new Notice of Intention for authority to drill at this particular location To expedite the process, please include the information missing in your original Notice of Intention to Drill

Should you have any questions please contact the Department of Water Resources at (602) 417-2470

~~000~~ PARCEL SIZE?
3824

CHECK WITH COUNTY

ON PARCEL NOS &

WILSON SUBD STATUS

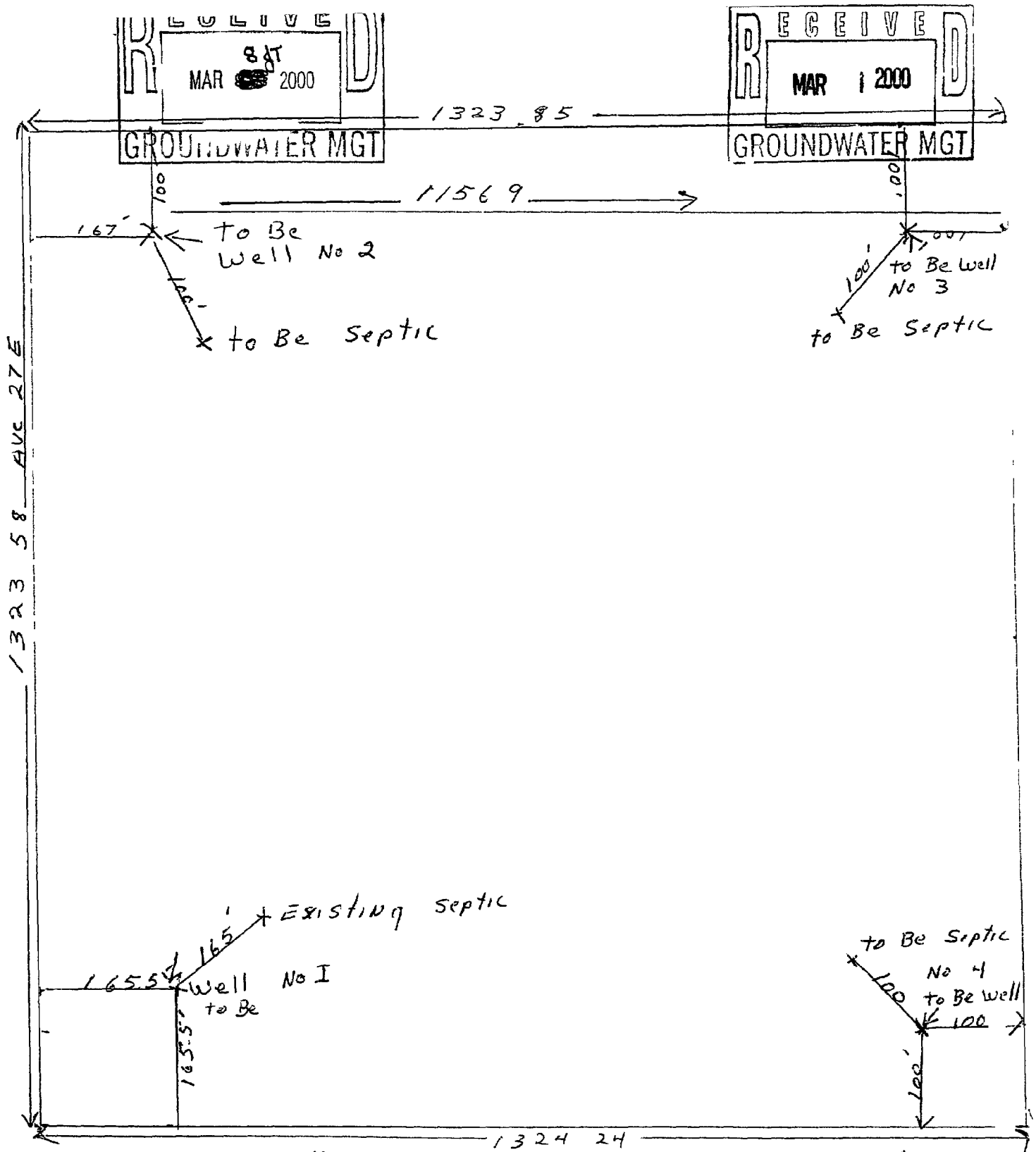
PARCEL NOS. NO GOOD

RE WRITS LETTER
204-28-008

Sincerely,

Jeannie Thomas

Jeannie Thomas
Water Resource Technician

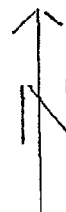


SCALE 1" = 165.5

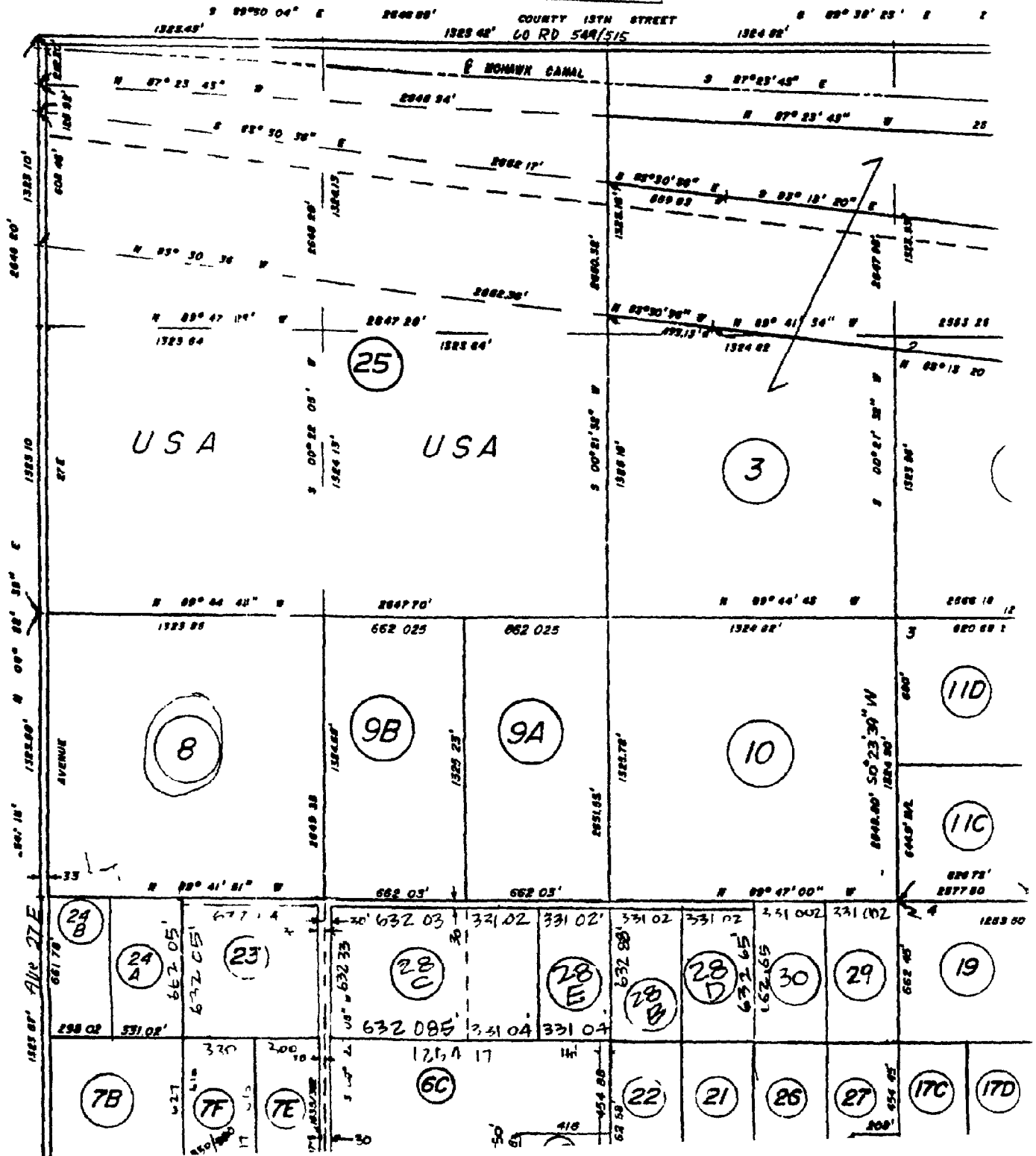
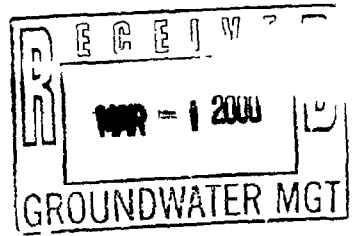
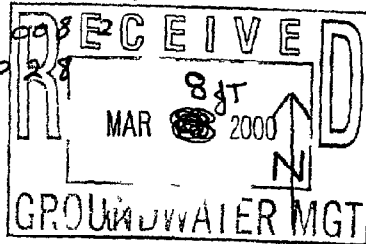
NW 1/4 SW 1/4 Sec 24 T 95 R 19 W

Parcel 14-204-008 2

Book 204 map 28



NW 1/4 SW 1/4 Sec 24 T 45 R 19 W
 Parc-1 14-204-008
 Book 204 MAP 28



ARIZONA DEPARTMENT OF WATER RESOURCES

Groundwater Management Support Section

500 North Third Street, Phoenix, Arizona 85004

Telephone (602) 417-2470

Fax (602) 417-2422



March 9, 2000

JANE DEE HULL
Governor

RITA P PEARSON
Director

Don Case
P O Box 1027
Wellton, AZ 85356

RE	Well Registration # 55-579905	Well File # C(9-19) 24 CB
	Well Registration # 55-579906	Well File # C(9-19) 24 CB
	Well Registration # 55-579907	Well File # C(9-19) 24 CB
	Well Registration # 55-579908	Well File # C(9-19) 24 CB

Dear Mr Case

Your application to drill the above referenced wells was received on March 1, 2000, and was found to be missing the quarter sections in the legal description for the location of the well information, items F and 10. Please identify the ten acre quarter of the forty acre quarter of the 160 acre quarter-section on which each well will be drilled, and fill out items F and 10 on your applications. I have enclosed a description of how to break down a section into quarters, then further into quarter-quarter sections, and finally into quarter-quarter-quarter sections, and hopefully this will help. If you still have difficulty identifying the various quarters, contact your driller for assistance. The parcel number is also incorrectly stated, and refer to the book-map-parcel number convention employed by all county assessors in Arizona, and thus should appear as 208-28-008.

Also, you have not provided the required information for the start of well construction for each well (item 3), nor have you provided the required information on the construction of each proposed well (item 4). Item 8 needs to be completed if additional uses are planned. You must complete these sections for each application before we can proceed with evaluating your applications. Each application must be on an original and current form. I am enclosing application forms for your convenience.

Additionally, you have not provided any information on the licensed driller who will be constructing the wells. This information is required. Drillers must be licensed by our

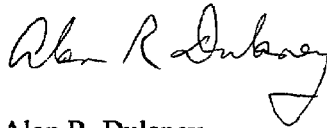
Department and by the Registrar of Contractors, with both license numbers provided to us. We cannot send the well card to the driller if we do not know who the driller is.

Additionally, your applications appear to be signed by "John T. Higgason" who claims power of attorney in this matter. You must furnish to us evidence that such power of attorney exists in this matter. The signature of the landowner or lessee of the well sites is required by statute.

In accordance with A.R.S. § 45-596 D, this application is being returned to you as a "statement of determination," requesting information necessary to make it complete and correct. If the necessary information is not received by the Department within sixty (60) days, the application may be denied. You would then have to re-initiate the Notice of Intent to Drill process to receive a drilling authority for this location.

If you have any questions, please call the Groundwater Management Support Section at 602-417-2470. Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan R. Dulaney". The signature is fluid and cursive, with a large, stylized "D" at the end.

Alan R. Dulaney

attachments

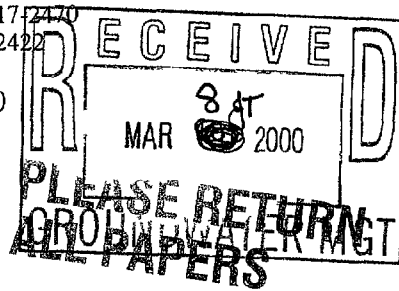
ARIZONA DEPARTMENT OF WATER RESOURCES

500 North Third Street Phoenix, Arizona 85004

Telephone (602) 417-2470

Fax (602) 417-2422

March 6, 2000



JANE DEE HULL
Governor

RITA P PEARSON
Director

DON CASE
PO BOX 1027
WELLTON, AZ 85356

Assigned Referenced Number 55-579905, 579906, 579907 & 579908

Dear Applicant

The Department of Water Resources recently received your Notice of Intent to **Drill, Deepen, Replace, or Modify A Well**. However, our review indicates that the filing(s) is incomplete under the Groundwater Management Act for the following reason(s)

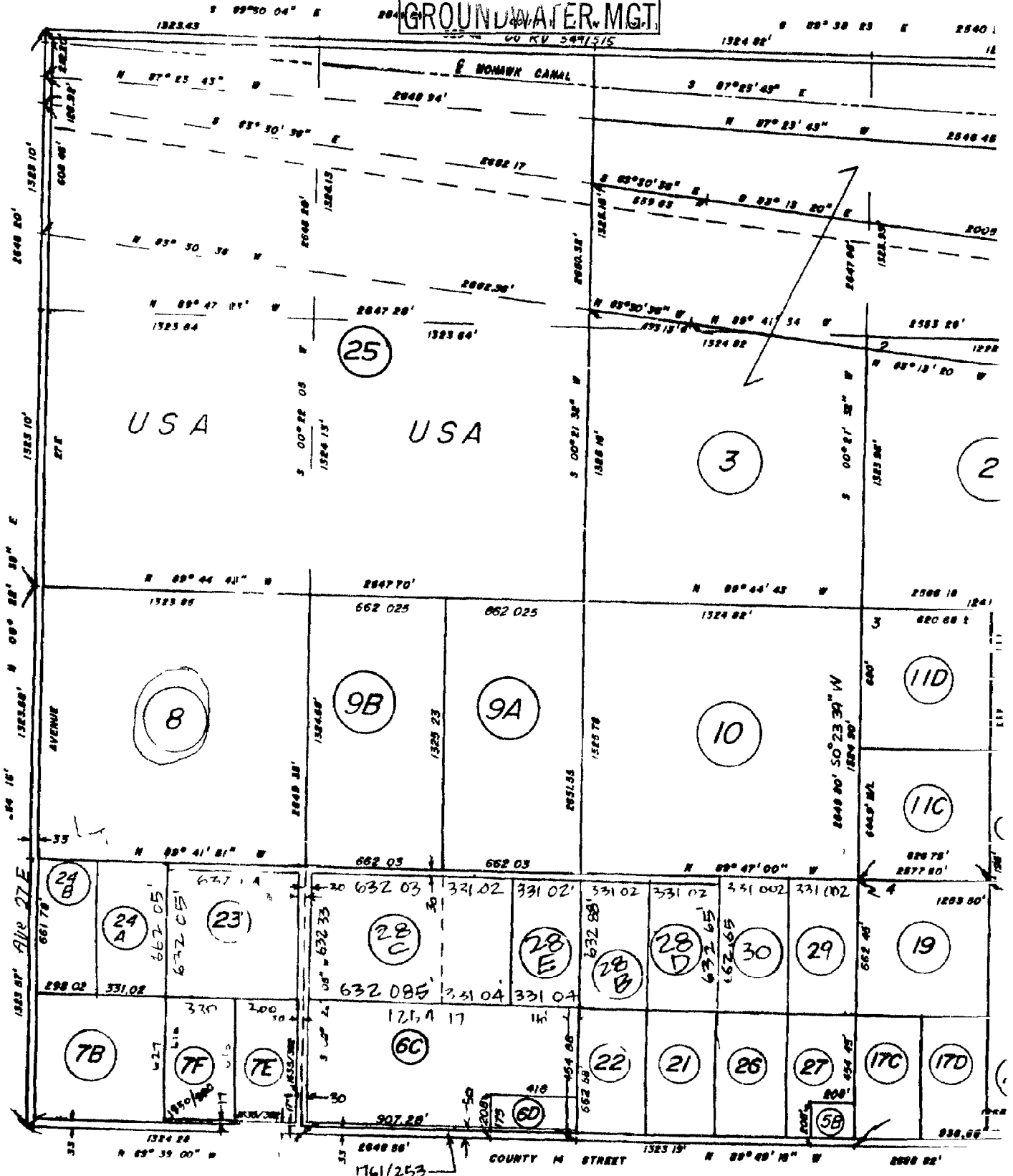
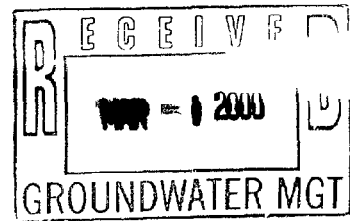
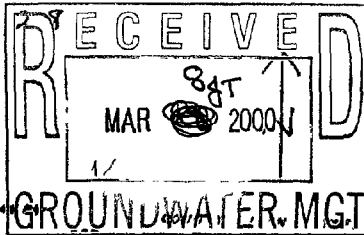
(A) Landowner Info Incomplete	_____	(6) Lessee Info Incomplete	_____
(C) County not Given	_____	(7) Primary Water Use Not Given	_____
(D) Book, Map, Parcel Incorrect	_____	(8) Other Water Uses Not Given	_____
(E) Number of Acres Not Given	_____	(9) Place of Use Incomplete (refer to "F")	✓
(F) Legal Description Incomplete	✓	(10) Type of Well (check one)	_____
_____ Incomplete Quarter Sections	_____	(11) Select One (define "other")	_____
_____ Incomplete/Incorrect Section	_____	(12) Select "Yes" or "No"	_____
_____ Incomplete/Incorrect Township	_____	(13) Incomplete Driller Information	✓
_____ Incomplete/Incorrect Range	_____	(14) Printed Name/Title Not Given	_____
(G) Recommendation Not Selected	_____	(15) Incorrect/Unauthorized Signature	_____
(H) Date Of Approval Not Given	_____	Insufficient Funds (\$10 00 Fee)	_____
(1) Well owner Info Incomplete	_____	Please Refer to the Attached Letter	_____
(2) Action Requested (check one)	_____		_____
(3) Starting Date Not Given	✓	Other Reason(s)	_____
(4) Casing To Be Used (answer all)	✓		_____
(5) Design Capacity of Pump	_____		_____
		Initials	RD

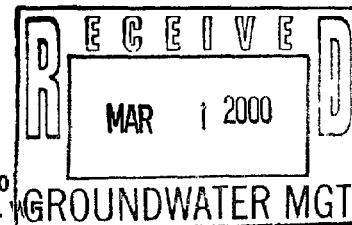
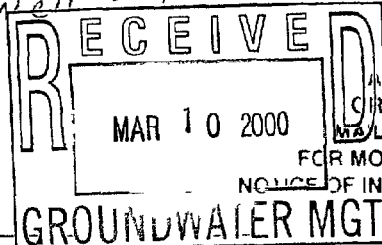
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NW 1/4 SW 1/4 Sec 24 T 45 R 19 W

Parcel 14-204-0082

Book 204 MAP





ARIZONA DEPARTMENT OF WATER RESOURCES
GROUNDWATER MANAGEMENT SUPPORT SECTION
MAIL TO P O BOX 458, PHOENIX, ARIZONA 85001-0458
FOR MORE INFORMATION CALL MONICA ORTIZ (602)417-2470
NOTICE OF INTENTION TO DRILL, DEEPEN, REPLACE OR MODIFY A WELL

PLEASE COMPLETE ALL ITEMS IN THE BOX BELOW DOWN TO COUNTY OR LOCAL AUTHORITY ENDORSEMENT IF ANY WATER FROM THE PROPOSED WELL LISTED BELOW WILL BE USED FOR DOMESTIC PURPOSES ON A PARCEL OF 1 AND 20 OR FEWER ACRES THE APPLICABLE COUNTY OR LOCAL HEALTH AUTHORITY MUST ENDORSE ALL ITEMS IN THE BOX BEFORE SUBMISSION TO THE DEPARTMENT OF WATER RESOURCES ITEMS C, D, E AND F MAY BE AVAILABLE FROM YOUR COUNTY ASSESSOR'S OFFICE

A Don Case P.O. Box 1027 Wellton AZ 85356
LANDOWNER'S NAME CURRENT MAILING ADDRESS CITY STATE ZIP

B TELEPHONE NO 877 775 0001 COUNTY ASSESSOR'S PARCEL ID INFORMATION

C WELL LOCATED IN Yuma COUNTY 204 28 1420428 0082
BOOK MAP PARCEL # OF ACRES

OFFICIAL
SEAL OR
STAMP

WELL/LAND LOCATION (MUST BE COMPLETED AS REQUESTED)

F 1/4 NW 1/4 SW 1/4 OF SECTION 24 TOWNSHIP 9 N 19 W
10AC 40AC 160AC COUNTY OR LOCAL AUTHORITY ENDORSEMENT

CHECK ONE

G RECOMMEND APPROVAL ☐ I HAVE INFORMATION TO MAKE DETERMINATION ☐ VARIANCE REQUIRED ☐ (EXPLANATION ATTACHED)

H DATE AUTHORIZED SIGNATURE TITLE

OWNER OF WELL
Don Case
NAME
P.O. Box 1027
CURRENT MAILING ADDRESS
Wellton AZ 85356
CITY STATE ZIP

TELEPHONE NUMBER 877 775 0001

ACTION REQUESTED
DRILL NEW WELL ☒ DEEPEN
MODIFY ☐ REPLACE ☐

WELL REGISTRATION NO

OR A REPLACEMENT WELL PROVIDED
MAX CAPACITY OF THE ORIGINAL WELL
 GALLONS PER MINUTE

DISTANCE FROM THE ORIGINAL WELL FEET

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DISPOSAL AREA LANDFILL HAZARDOUS
MATERIALS OR PETROLEUM STORAGE
AREAS AND TANKS?
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14 DRILLING FIRM Not known
NAME

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DWR LICENSE NUMBER

ROC LICENSE CATEGORY

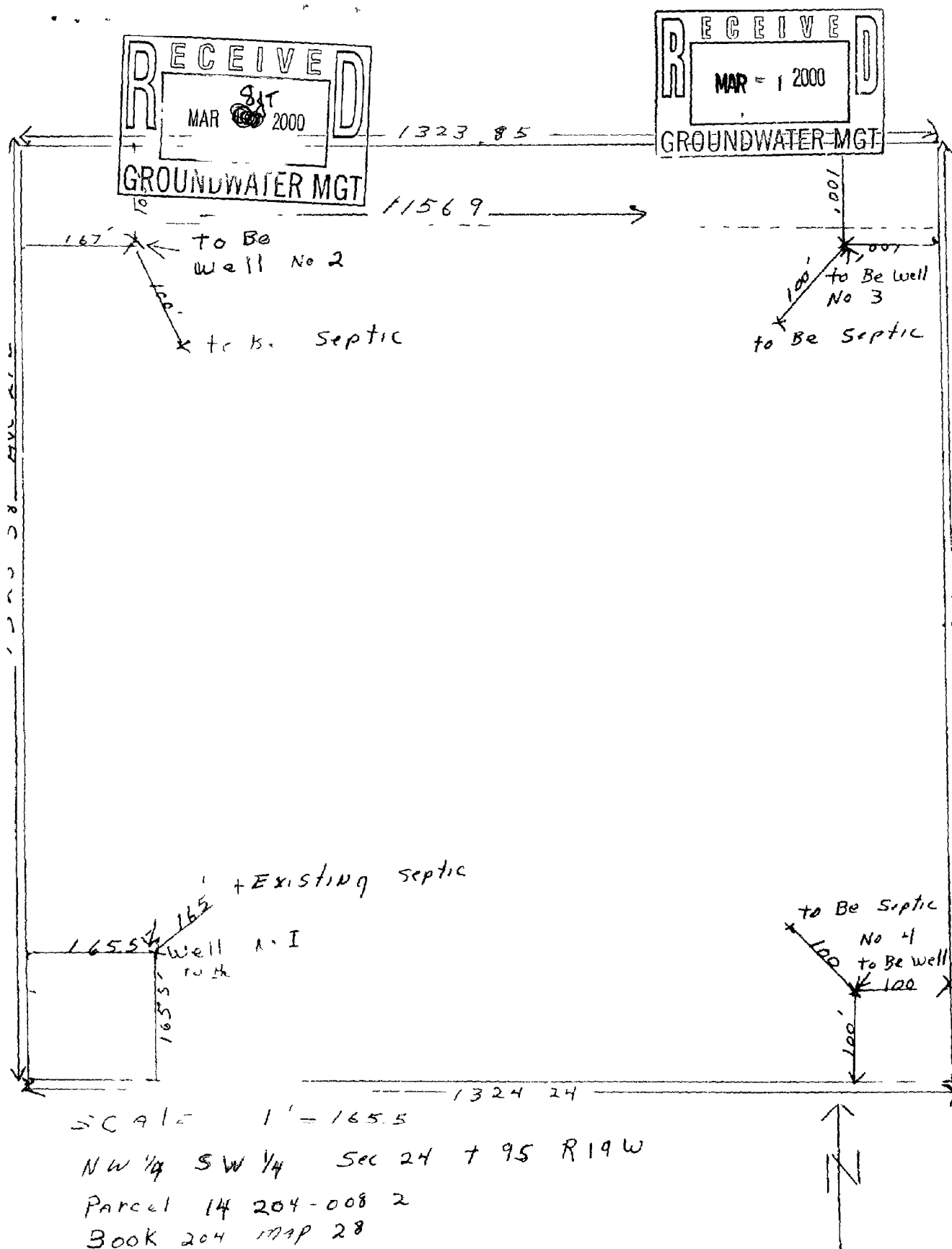
FOR DEPARTMENT USE ONLY
REGISTRATION NO 55
DATE FILED
FILE NO
AMA/INA
W/S 08 S/B 47
PROCESSED BY
DATE MAILED
MO

I STATE THAT THIS NOTICE IS FILED IN COMPLIANCE WITH ARS § 45-596 IS COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND THAT I UNDERSTAND THE LIMITATIONS AND CONDITIONS SET FORTH ON THE REVERSE SIDE OF THIS FORM

DON CASE
15 TYPE OR PRINT NAME AND TITLE

Don Case
16 SIGNATURE OF LANDOWNER/LESSEE OF WELLSITE

John T. Higgins
17 DATE



ARIZONA DEPARTMENT OF WATER RESOURCES

500 North Third Street, Phoenix, Arizona 85004
Telephone (602) 417-2470
Fax (602) 417-2422



March 6, 2000

DON CASE
PO BOX 1027
WELLTON, AZ 85356

**PLEASE RETURN
ALL PAPERS**

JANE DEE HULL
Governor

RITA P PEARSON
Director

Assigned Referenced Number 55-579905, 579906, 579907 & 579908

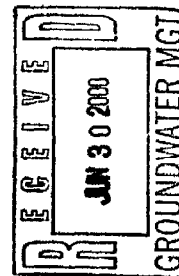
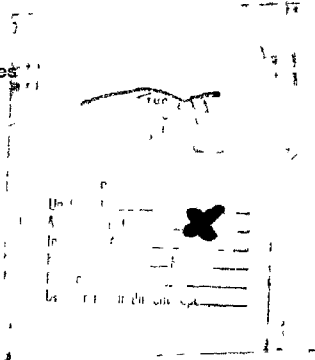
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_____ Incomplete/Incorrect Section		(12) Select "Yes" or "No"	_____
_____ Incomplete/Incorrect Township		(13) Incomplete Driller Information	✓
_____ Incomplete/Incorrect Range		(14) Printed Name/Title Not Given	_____
(G) Recommendation Not Selected	_____	(15) Incorrect/Unauthorized Signature	_____
(H) Date Of Approval Not Given	_____	Insufficient Funds (\$10.00 Fee)	_____
(1) Well owner Info Incomplete	_____	Please Refer to the Attached Letter	_____
(2) Action Requested (check one)	_____		
(3) Starting Date Not Given	✓	Other Reason(s) _____	
(4) Casing To Be Used (answer all)	✓	_____	
(5) Design Capacity of Pump	_____	_____	
		Initials <u>RD</u>	

In accordance with A.R.S. § 45-596, Paragraph D, this application is being returned as a "statement of determination", requesting information necessary to make it correct and complete. If the necessary information is not received by the Department within sixty (60) days, the application may be denied. You would then have to re-initiate the N O I process to receive a drilling authority for this location. If you have any questions, please contact the Groundwater Management Support Section at (602) 417-2470. **ATTACH THIS CHECK LIST WHEN RESUBMITTING THE COMPLETED NOTICE OF INTENT AND RETURN TO BOX 458, PHOENIX, ARIZONA 85004-3003. YOU MAY ALSO CONTACT YOUR DRILLER OR COUNTY ASSESSORS OFFICE FOR ASSISTANCE PERTAINING TO THE NECESSARY INFORMATION THAT IS REQUIRED TO COMPLETE YOUR APPLICATION.**

Arizona Department of Water Resources
500 North 3rd Street
Phoenix, Arizona 85004



ARIZONA DEPARTMENT OF WATER RESOURCES

500 North Third Street, Phoenix, Arizona 85004
Telephone (602) 417-2470
Fax (602) 417-2422



June 16 2000

DON CASE
PO BOX 1027
WELLTON AZ 85356

Re Denial of Notice of Intention to Drill Well Number 55-579905, 579906, 579907, 579908

Dear APPLICANT

The Department of Water Resources notified you by letter on MARCH 13, 2000 that your application to drill Well Number 55-579905, 579906, 579907 and 579908 was incomplete Pursuant to Arizona Revised Statutes (A R S) § 41-1074(B), a list of the specific deficiencies preventing your application from being complete was provided to you in that letter The completeness review time frame was suspended by the MARCH 13, 2000 incomplete letter, and you were given sixty (60) days within which to provide the requested information Our records indicate that you did not do so

Therefore pursuant to Arizona Administrative Code R12-15-401, the Department hereby denies your application

The Departments decision to deny your application is an appealable agency action In order to appeal this decision you must request an appeal within thirty (30) days from receipt of this letter A summary of the appeals process and appeal form is enclosed should you wish to pursue this option

Alternatively, you may submit a new Notice of Intention for authority to drill at this particular location To expedite the process please include the information missing in your original Notice of Intention to Drill

Should you have any questions please contact the Department of Water Resources at (602) 417-2470

Sincerely,

Jeannie Thomas
Water Resource Technician